

DEPARTMENT OF PUBLIC HEALTH, COUNTY OF SAN LUIS OBISPO
APPLICATION FOR HEALTH PERMIT/INSPECTION
MOBILE FOOD FACILITY/MOBILE SUPPORT UNIT/PRODUCE/PUSH CART
2156 Sierra Way – PO Box 1489 – San Luis Obispo, CA 93406 – (805) 781-5544

We now accept Visa, MasterCard and Discover over the phone and at our office.

**THIS IS NOT A PERMIT TO OPERATE. YOU MUST OBTAIN WRITTEN
APPROVAL FROM THIS DEPARTMENT BEFORE OPERATING.**

OWNER NAME _____ DATE _____

BUSINESS NAME
(IF DIFFERENT FROM OWNER NAME) _____

FORMER OWNER/BUSINESS NAME OF VEHICLE _____

BUSINESS _____ BUSINESS
MAILING ADDRESS _____ PHONE _____

CITY _____ ZIP _____ CELL PHONE _____

NAME OF COMMISSARY (PROVIDE COMMISSARY AGREEMENT) _____

COMMISSARY ADDRESS _____ CITY _____ ZIP _____

IF COMMISSARY IS OUTSIDE SAN LUIS OBISPO COUNTY (PROVIDE COPY OF HEALTH PERMIT)

CIRCLE TYPE OF VEHICLE: MOBILE FOOD FACILITY MOBILE SUPPORT UNIT PRODUCE PUSHCART

MAKE _____ MODEL _____ COLOR _____ VEHICLE LICENSE _____

LIST MAIN OPERATING LOCATION(S), INCLUDING SPECIAL EVENTS, BELOW:

TYPE OF FOOD ITEMS SOLD: _____

SIGNATURE OF APPLICANT _____

PRINTED NAME _____

DO NOT WRITE BELOW THIS LINE

RECORD ID # _____ FACILITY ID# _____ PROGRAM # 16 _____ ELEMENT _____

AMOUNT DUE _____ () PAID _____ () STILL OWES _____ INITIALS _____

() CASH _____ () CHECK # _____ () CC AUTH # _____ DATE _____

PERMIT EXPIRATION DATE SET TO _____

STATEMENT OF COMMISSARY USE ATTACHED: YES NO N/A

COPY OF HEALTH PERMIT (IF OUTSIDE SLO COUNTY): YES NO N/A

CHANGE IN COMMISSARY IN PAST YEAR: YES NO

APPROVED TO ISSUE PERMIT: YES NO APPROVED BY: _____ , EHS